## DIRECTIONS ON COMPLETING CLOSURE NOTIFICATION FORM

## Complete all sections of the notification form.

Section I Give site registration number assigned by DNR when the site was first registered. This is not the tank tag number.

Section II Give complete facility name of tanks location.

Section III Give complete name and address of owner or authorized agent.

Section IV Indicate anticipated date of closure. 24 hour notice is also required to be given to local DNR field office.

Section V Mark if this notice is for piping replacement only and no tanks will be affected.

Section VI Mark the tank closure procedure you will be following. Guidance documents will be sent on required procedures for sampling. All three closure procedures require soil and groundwater sampling. When closing a tank in place, analytical results must be submitted and approved by the DNR prior to filling the tank with inert material.

If approved groundwater or vapor monitoring has been used for leak detection, it may be possible to use the monitoring results from the 90 days prior to closure instead of soil and groundwater sampling at the time of closure. Contact the department if you feel your site qualifies for prior approval.

Section VII Give complete name, address, and phone number of your contractor.

Section VIII Complete the requested information in the table. Indicate all substances that have been stored during the tanks lifetime.

Section IX The form should be signed and dated by the tank owner or authorized agent.

This form must be mailed at least 30 days before closure activities commence.

Guidance documents describing the correct procedures and requirements for UST closure will be sent to you after receipt of this form.

You may mail this form by folding in thirds with the address showing and correct postage.

PLACE STAMP HERE

Iowa Department of Natural Resources Underground Storage Tank Section 502 East 9th Street Des Moines, IA 50319-0034

## Iowa Department of Natural Resources

## Notification of Tank Closure or Change-in-Service

<u>Complete all sections and submit to the Iowa DNR at least 30 days before starting closure activities.</u> Submit to: Iowa Department of Natural Resources, 502 East 9th Street, Des Moines, IA 50319-0034

I. Site Registration Nu	mber					
II. Tank Site Address						
Facility Name						
Street Address		City				
		•				
III. Owner of Tanks or A	Authorized Agent	<u> </u>				
Name			Phone			
Street Address		1				
City	State Zip Code					
IV. Date of Proposed Clo	osure or Change-in-Ser	vice				
Month	Day		Year			
	R Place by Filling with Solid I ce to Unregulated Use		erial			
Address	Phone City State Zip					
Audiess	City		State	Zip		
VIII. Underground Storag	ge Tank Information					
	Tank	1	2	3	4	
Date of Installation (Month/Year)						
Estima	ated Total Capacity (gallons)					
Cub stances staned throughout the	gasoline (all blends)					
Substances stored throughout the operating life of the tank.	diesel used oil					
(Check all that apply)	kerosene					
Attach additional pages	other petroleum (specify)					
as necessary.	hazardous (specify)					
Will this tank be replaced by new underground storage tank?						
	<u> </u>					
IX. Certification of Notif			l l			